

MILWAUKEE COUNTY YOUTH COMMISSION

APPLICATION

The Milwaukee County Youth Commission was created to serve as a representative body for youth in Milwaukee County Government. This commission shall work in partnership with the County Board, the County Executive, the Community of Promise Advisory Council and the state agency Alliance for Wisconsin Youth to serve and advance the interests of Milwaukee County youth.

All applicants will be considered regardless of race, gender, national origin or disability.

Name:			Age:
Address:			_ Zip Code:
School:			Grade:
Phone:		Email:	
Ethnicity (check all that apply): White Black Asian Hispanic Native American Other			
Do you have access to transportation?			
How did you hear about the Commission?			
List your most recent job or volunteer experiences (including organization and club participation). Include the following information where applicable:			
Name of Business or Organization	1.	2.	3.
Address			_
Job Title			
Reason Ended			_
Avg. Weekly Hours			
Reference Name			_
Reference Phone #			

AMERICA'S PROMISE

There's more! Please complete the other side, too!

APPLICATIONS MUST BE SUBMITTED TO:

Phone: 414-278-2027 / Fax: 414-223-1888

MILWAUKEE COUNTY YOUTH COMMISSION

Respond to the following five questions using the space provided:

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1. What values, characteristics, or qualities do you possess that will help you be an effective youth commissioner? 2. How would you coordinate outside interests that could overlap with the Youth Commission's scheduled events, i.e., school events, sports events, job, volunteer activities, or other extra-curricular activities? 3. Why do you think it is important for youth to get involved in the community development of Milwaukee County? 4. In your opinion, what is the most critical issue facing youth in your school, neighborhood, or city? 5. How would you motivate more youth to become involved in the Youth Commission? I hereby certify that the information I have given is true and correct to the best of my knowledge. I understand that providing false information may disqualify me from the program. I authorize the release of this information for verification purposes and understand it will be used to process my application to join the Milwaukee County Youth Commission. Date: ____ Applicant Signature: Parent/Guardian Signature: Date: